

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>10 088 920</b>		FILING DATE	
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	
1							51			
2							52			
3							53			
4							54			
5							55			
6							56			
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44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL D.			4		4		TOTAL IND.			
TOTAL EP.			19		17		TOTAL DEP.			
TOTAL AIMS			23		21		TOTAL CLAIMS			

0-1360 (3-78)